

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90446 018 ***150.00

UNIFORM BUSINESS REPORT

DOCUMENT # P02000096856

1. Entity Name
NATIONAL PET TRADER, INC.



Principal Place of Business
**6252 COMMERCIAL WAY
PMB#111
WEEKI WACHEE FL 34613-6329**

Mailing Address
**6252 COMMERCIAL WAY
PMB#111
WEEKI WACHEE FL 34613-6329**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country

4. FEI Number
03-0491494

Appliec For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HOOVER, JESSICA
6025 WAVERLY ROAD
WEEKI WACHEE FL 34607**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	HOOVER, JESSICA
STREET ADDRESS	PMB# 111 6252 COMMERCIAL WAY
CITY-ST-ZIP	WEEKI WACHEE FL 34613-6329
TITLE	V <input type="checkbox"/> Delete
NAME	HOOVER, JESSICA
STREET ADDRESS	PMB# 111 6252 COMMERCIAL WAY
CITY-ST-ZIP	WEEKI WACHEE FL 34613-6329
TITLE	S <input type="checkbox"/> Delete
NAME	HOOVER, JESSICA
STREET ADDRESS	PMB# 111 6252 COMMERCIAL WAY
CITY-ST-ZIP	WEEKI WACHEE FL 34613-6329
TITLE	T <input type="checkbox"/> Delete
NAME	HOOVER, JESSICA
STREET ADDRESS	PMB# 111 6252 COMMERCIAL WAY
CITY-ST-ZIP	WEEKI WACHEE FL 34613-6329
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED* **Jessica Hoover**

4-15-03 (352) 597-3726

CR2E034 (10/02)